



## Complete Summary

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### TITLE

Ambulatory surgery: percentage of Ambulatory Surgery Center (ASC) admissions experiencing a burn prior to discharge.

### SOURCE(S)

ASC Quality Collaboration. ASC quality measures: implementation guide. Version 1.2. Ambulatory Surgery Center; 2008 Apr. 18 p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

Outcome

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of Ambulatory Surgery Center (ASC) admissions (patients) who experience a burn prior to discharge.

### RATIONALE

There are numerous case reports in the literature regarding patient burns in the surgical and procedural setting. The diversity of the causative agents underscores the multitude of potential risks that must be properly mitigated to avoid patient burns.

The literature on burns suggests that electrosurgical burns are most common. A recent publication from the Emergency Care Research Institute (ECRI) highlights the increased risk of burns with newer surgical devices that apply higher currents at longer activation times. Although electrical burns are most prevalent, other

mechanisms of burn injury are frequently reported in case studies and case series. These include chemical and thermal burns.

Surgical fires are rare; however, their consequences can be grave, killing or seriously injuring patients and surgical staff. The risk of surgical fire is present whenever and wherever surgery is performed, whether in an operating room, a physician's office, or an outpatient clinic.

Recognizing the diversity of mechanisms by which a patient could sustain an unintentional burn in the Ambulatory Surgery Center (ASC) setting, the definition of burn is broad, encompassing all six recognized means by which a burn can occur - scalds, contact, fire, chemical, electrical, or radiation. This will allow stakeholders to develop a better understanding of the incidence of these events and further refine means to ensure prevention.

## **PRIMARY CLINICAL COMPONENT**

Ambulatory Surgery Center (ASC); burn (scalds, contact, fire, chemical, electrical or radiation)

## **DENOMINATOR DESCRIPTION**

All Ambulatory Surgery Center (ASC) admissions

## **NUMERATOR DESCRIPTION**

Ambulatory Surgery Center (ASC) admissions experiencing a burn prior to discharge (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

## **Evidence Supporting the Measure**

### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### **NATIONAL GUIDELINE CLEARINGHOUSE LINK**

- [A clinician's guide to surgical fires: how they occur, how to prevent them, how to put them out.](#)

## **Evidence Supporting Need for the Measure**

### **NEED FOR THE MEASURE**

Unspecified

### State of Use of the Measure

#### STATE OF USE

Current routine use

#### CURRENT USE

Internal quality improvement

### Application of Measure in its Current Use

#### CARE SETTING

Ambulatory Care

#### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses  
Nurses  
Physician Assistants  
Physicians

#### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

#### TARGET POPULATION AGE

Unspecified

#### TARGET POPULATION GENDER

Either male or female

#### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

### Characteristics of the Primary Clinical Component

#### INCIDENCE/PREVALENCE

It is estimated there are at least 20 to 30 surgical patient fires each year in the United States. It is believed that the majority of these fires could be avoided through provider awareness of the hazard and subsequent minimization of the

risks. Requiring public reporting of patient fires would draw needed attention to this rare but serious operating room risk.

#### **EVIDENCE FOR INCIDENCE/PREVALENCE**

ECRI. Devastation of patient fires. Health Devices 1992 Jan;21(1):3-39.

#### **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

#### **BURDEN OF ILLNESS**

Unspecified

#### **UTILIZATION**

Unspecified

#### **COSTS**

Unspecified

### **Institute of Medicine National Healthcare Quality Report Categories**

#### **IOM CARE NEED**

Staying Healthy

#### **IOM DOMAIN**

Safety

### **Data Collection for the Measure**

#### **CASE FINDING**

Users of care only

#### **DESCRIPTION OF CASE FINDING**

All Ambulatory Surgery Center (ASC) admissions

#### **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

#### **DENOMINATOR INCLUSIONS/EXCLUSIONS**

**Inclusions**

All Ambulatory Surgery Center (ASC) admissions

**Exclusions**

None

**RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

**DENOMINATOR (INDEX) EVENT**

Institutionalization

**DENOMINATOR TIME WINDOW**

Time window is a single point in time

**NUMERATOR INCLUSIONS/EXCLUSIONS****Inclusions**

Ambulatory Surgery Center (ASC) admissions\* experiencing a burn\*\* prior to discharge\*\*\*

\**Admission*: Completion of registration upon entry into the facility.

\*\**Burn*: Unintended tissue injury caused by any of the six recognized mechanisms: scalds, contact, fire, chemical, electrical or radiation, (e.g., warming devices, prep solutions, electrosurgical unit or laser).

\*\*\**Discharge*: Occurs when the patient leaves the confines of the ASC.

**Exclusions**

None

**MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

**NUMERATOR TIME WINDOW**

Encounter or point in time

**DATA SOURCE**

Administrative data  
Medical record  
Special or unique data

**LEVEL OF DETERMINATION OF QUALITY**

Not Individual Case

**OUTCOME TYPE**

Adverse Outcome

**PRE-EXISTING INSTRUMENT USED**

Unspecified

**Computation of the Measure****SCORING**

Rate

**INTERPRETATION OF SCORE**

Better quality is associated with a lower score

**ALLOWANCE FOR PATIENT FACTORS**

Unspecified

**STANDARD OF COMPARISON**

External comparison at a point in time  
External comparison of time trends  
Internal time comparison

**Evaluation of Measure Properties****EXTENT OF MEASURE TESTING**

After refining these standardized measures, the Ambulatory Surgery Center (ASC) Quality Collaboration (QC) piloted them in a sample of ASCs and was able to confirm their feasibility and usability. On November 15, 2007, five ASC facility-level measures were endorsed by the National Quality Forum (NQF) after having gone through rigorous evaluation and consensus building.

**EVIDENCE FOR RELIABILITY/VALIDITY TESTING**

ASC Quality Collaboration. ASC quality measures: implementation guide. Version 1.2. Ambulatory Surgery Center; 2008 Apr. 18 p.

## Identifying Information

### **ORIGINAL TITLE**

Patient burn.

### **MEASURE COLLECTION**

[Ambulatory Surgery Center \(ASC\) Quality Measures](#)

### **DEVELOPER**

Ambulatory Surgery Center (ASC) Quality Collaboration

### **FUNDING SOURCE(S)**

Unspecified

### **COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

Unspecified

### **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

Unspecified

### **ENDORSER**

National Quality Forum

### **ADAPTATION**

Measure was not adapted from another source.

### **RELEASE DATE**

2008 Apr

### **MEASURE STATUS**

This is the current release of the measure.

### **SOURCE(S)**

ASC Quality Collaboration. ASC quality measures: implementation guide. Version 1.2. Ambulatory Surgery Center; 2008 Apr. 18 p.

### **MEASURE AVAILABILITY**

The individual measure, "Patient Burn," is published in "ASC Quality Measures: Implementation Guide. Version 1.2." This document is available in Portable Document Format (PDF) from the [Ambulatory Surgery Center Quality Collaboration Web site](#).

## **NQMC STATUS**

This NQMC summary was completed by ECRI Institute on September 10, 2008. The information was verified by the measure developer on December 3, 2008.

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